

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 435 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>21062</u>	2. Fiscal Year Covered From <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>OSCAR A. GONZALEZ</u> P.O. Box, Bldg., Room No., if any <u>C/O LOCAL 202</u> Street <u>NYC TERMINAL MKT #12A</u> City <u>BRONX</u> State <u>NY</u> ZIP Code + 4 <u>10474</u>	4. Name, file number, and address of labor organization. Name <u>IBT LOCAL 202</u> Labor Organization File Number <u>026-719</u> P.O. Box, Building and Room Number, if any Street <u>NYC TERMINAL MKT #12A</u> City <u>BRONX</u> State <u>N.Y.</u> ZIP Code + 4 <u>10474</u>
5. Position in labor organization. <u>SECRETARY TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Oscar A. Gonzalez

On 8/15/05 Date
(718) 328 7000 Telephone Number

Name of Person Filing <u>OSCAR A. GONZALEZ</u>	File Number <u>U-</u>
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UNITED TEAMSTER FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2137-2147 UTICA AVE

City BROOKLYN

State N.Y. ZIP Code + 4 11234

11.a. Nature of such dealing.

RELATED TRUSTEE MEETINGS

11.b. Approximate dollar value of such dealing. \$29 MILLION

12.a. Nature of interest held or income received.

TRUSTEE MEETINGS LUNCH

4/04 - 6/04 - 10/04 - 12/04
'44 - '45 - '45 - '84 -

12.b. Amount.

\$218

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment

Name of Person Filing <u>OSCAR A. GONZALEZ</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UNITED TEAMSTER FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2137-2147 UTICA AVE

City BROOKLYN

State N.Y. ZIP Code + 4 11234

11.a. Nature of such dealing.

RELATED HEALTH + WELFARE FUND

11.b. Approximate dollar value of such dealing.

\$29 MILLION

12.a. Nature of interest held or income received.

REGISTRATION FEE TO ATTEND
INTERNATIONAL FOUNDATION
CONFERENCE IN HOLLYWOOD FLA.

12.b. Amount.

\$795

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <u>OSCAR A. GONZALEZ</u>	File Number U-
------------------------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name AMALGAMATED BANK

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 15 UNION SQUARE

City NEW YORK

State N.Y. ZIP Code + 4 10003

14.a. Nature of payment

BUSINESS LUNCH WITH
POTENTIAL VENDOR

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment

\$60-